



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)  
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

**INSTRUCTIONS:** Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

1

**COMMITTEE INFORMATION**

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name			2. Committee Telephone Number	
Trotter for Sheriff Committee			812 208-4033	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address				
3810 E 88th				
4. City	State	ZIP Code	5. Party Affiliation or If Independent Candidate	
Terre Haute	IN	47805	Democrat	
6. Office Sought (include district number, if any. Not required for exploratory committee.)			7. County of Residence	
Sheriff of Vigo County			Vigo	
8. Reporting Period:				
From: 4-9-10 Through: 5-2-10				

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification	1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$ 3000.00	4-15-10 C Knight
Contributor's Occupation (if applicable)				
Classification	2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Contributor's Occupation (if applicable)				
Classification	3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Contributor's Occupation (if applicable)				

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer	Title	Date (MM-DD-YY)
Cornie Knight	Treasurer	4-15-10
Signature of Candidate (if applicable)		Date (MM-DD-YY)
[Signature]		4-15-10

**Warning:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

**FILED**  
VIGO COUNTY SUPERIOR COURT

APR 16 2010

*Patricia R. Marshall*  
CLERK



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TOTAL PAGES IN ENTIRE CFA-11  
REPORT

**COMMITTEE INFORMATION**

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name		2. Committee Telephone Number	
Trotter for Sheriff Committee		(812) 208-6033	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address			
3810 E. 88			
4. City	State	ZIP Code	5. Party Affiliation or If Independent Candidate
Terre Haute	IN	47805	Democrat
6. Office Sought (include district number, if any. Not required for exploratory committee.)			7. County of Residence
Sheriff of Vigo County			Vigo
8. Reporting Period:			
From: 4-9-10 Through: 5-2-10			
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS street, number, city, state, ZIP code		TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT AND DATE OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification 1.	Professional Security Enterprises 401. Trotter 3810 E. 88 Terre Haute, IN 47805 Contributor's Occupation (if applicable) police officer	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$1000.00	4-29-10 J. Trotter
Classification 2.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Classification 3.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer	Title	Date (MM-DD-YY)
Corne Knecht	Treasurer	5-3-10
Signature of Candidate (if applicable)		Date (MM-DD-YY)
		5-3-10

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VIGO COUNTY SUPERIOR COURT

MAY 03 2010

*Patricia M. Munn*  
CLERK